STATEMENT OF

RECEIVED

FORM 1		ORGANIZATION			2012 OCT -9 AM II: 50			
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M5			
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ADDRESS (number and street)		PO BOX 68	31337				لـــــا	
(Check if address is changed)		MIAMI			FL	33168		
			CITY		STATE	ZIP COD	E	
COMMITTEE'S E-MA	address	(Please provide only only only only only only only only		_{dress)} ignFundP <i>A</i>	\Cs@gma	ail,com, ,	<u></u>	
COMMITTEE'S WEE	PAGE ADDF	RESS (URL)	— L l.					
(Check if is change		<u> </u>						
2. DATE 10) ^M ′ 4 °	′ 2012			,			
3. FEC IDENTIFIC	CATION NUM	IBER C	;					
4. IS THIS STATE	MENT 🔀	NEW (N) O	R [AMENDED (A)				
I certify that I have	examined this	Statement and to the	best of my	knowledge and belie	f it is true, correc	t and complete.		
Type or Print Name	of Treasurer	STANLEY	GATE	S		<u> </u>		
Signature of Treasure	er <u></u>	Stanley Or	ales		Date 10	" ′ 04° ′ 2	ž0'1Ž `	
NOTE: Submission of	•	us, or incomplete inform	•		~	•	U.S.C. §437g.	
Office Use				For further information Federal Election Community Toll Free 800-424-9530	ission	FEC FOR		